CERTIFICATE OF DEATH

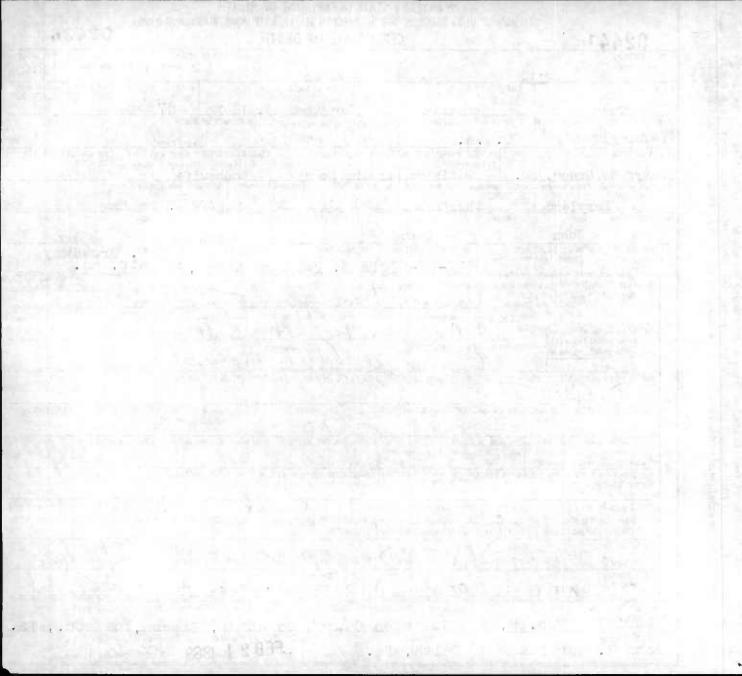
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		First		Middle		Last				10. 4	0/4	2b. HOUR A
Ι'	Type or pnnt)	ר רב	n	Grove		Adams		2	wantu 7	6 Day 7	96 gen	8:05M
3. S	The continuence The contin		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS.								
	Female				N	ovembe	er 13.		8.7	YRS.	UNITS DATS	HOURS MIN.
7a.	BIRTHPLACE (State or fo	reign 7b.	CITIZEN OF WHA	AT COUNTRY?				COUNTY OF D	EATH			
Top	Type or print			Md.								
10.	CITY OR TOWN OF DEAT	Н	11. NA	ME OF HOSPITAL OR INST	ITUTION (If nat	in haspital		OCCUPATION (K	(ind af wark		12b. KIND OF	BUSINESS OR
F	Havre de Gr	ace. M	d. give st	Citizens 1	Jursing	Home				ired.)	INDUSTRY	
13a.	USUAL RESIDENCE (Who	ere deceased l	ived, if institution	n: Residence befare	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMI	ITS? 13e. STREI		BER		
aam			I3b. COUNTY	Harford	Bel	Air	YES NO	1,22	E. Br	roadu	av	
14.	FATHER'S NAME Fil	rst	Middle	Last	15. 1	NOTHER'S MA	IDEN NAME Fire	st	Mic	idle		Last
			_	Grove	9			Agnes			Wilso	on
160	Yes, Roor unknown)	N U.S. ARMED (If yes give war or	intes of service)				mison	Adams			roadw	
	18. CAUSE OF DEATH	(Enter anty a						,				MATE INTERVAL
	PART I. DEATH W	AS CAUSED BY	: /	Istolias.	Don	in	MAR P Z	tun!			DETWICK OF	HOLI AND DEATH
	4123	IMMEDIATE		A CONSEQUENCE OF	1	1	11	*.		6		
			1	runiose	Gus 4	W.	Man	1 1	75 Ra	50		
Н			1 / 7	CONSEQUENCE OF	C	/ -	1	-				
		lg coose)	(c) C	Turale	rel	we	ev18	Solfra	0515			
	PART 2. OTHER SIGNIF	ICANT CONDITI	ONS CONTRIBUT	ING TO DEATH BUT NO	RELATED TO T	HE TERMINAL	DISEASE ORCO	NDITION GIVEN I	N PART I(a)			
z	Dop	lity										
ATIO	19a. DATE OF OPERATIO	N 196. CON	DITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUTO	PSY?			INGS CON	SIDERED IN CE	RTIFYING
IFI						YES 🗌	NO 🗌	CAUSES O	F DEATH?			
					21c. HOW	INJURY OCC	URRED (Enter	nature af injury	in Part 1 ar F	Part 2, Ite	m 18.)	
DICA												
ME	21d. INJURY OCCURRE	D 21e. PLA	CE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCA	ATION Stree	t ar R.F.D. Na.	City ar	Tawn		County	State
	220 1 certify the	t (I) (this h	ospital) atte	nded the decense	d from	-18	19/26	9 to 2	- 16	19 (9 that	(I) (we) lost
	sow the dec	eosed olive	on 2//	19	Leg, and	thot in (my	y) (our) opin	ion deoth oc	curred on t	he dote		
		d obove, (I) (we) (did) (did not) view the b	ody åfter de	oth.						
	22b. SIGNATURE	1,	1	60 M	7	ATTENDIN	IG ME	D	STAFF	22c. DA	TE/SIGNED	1-0
	- Jone	11/	vona	at 11	, DEGREE			RECTOR L	PHYS.	0	114/0	seg
		AUTE	· u.A	MONAKIC	MI	ZZe. ADD	1 N. U	mon	Ful.	Hd	UCT,	Med.
23a		23b. DATE		23c. NAME OF C	EMETERY OR C	REMATORY		23d. LOCATION	(City or Town	n)	(Caunty)	(State)
	BOYAL (Specify)	Feb.	18,196	69 Guinst	ton Ch	urch	Cemet		rogue			Pa.
	FUNERAL DIRECTOR	7 2 - 4		ADDRESS			2Sa. REC'D BY	REGISTRAR	2Sb. REGIS	STRAR'S SI	GNATURE	
1	John H. H	arkin	S	Delta,	Pa.		DATEB	2 1 196	9 40	donne	By Greet	Ma.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and sompletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Fand should be filed with the State Dept. af Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.



er ito ort In C 177 0 A CHARLES AND A

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 2g. DATE KNOWN Year 2b. HOUR (Type or Print) DEATH MATED AGE (In years IF UNDER 24 HRS. 3. SEX 4. RACE 2c. DATE PRONOUNCED DEAD Year W FEb. 9.1911 57 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country)(Butlet Co) 4.5.A. WIDOWED [DIVORCED [Hamilton, Ohio Harford 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR BEI Air give street address during most of warking life, even if retired.) INDUSTRY 128 GENWOOD ROAD HOUSEWIFE HowEMAKER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY HAS tor-d admission) STATE 28 CI-NW000 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Hugust Julia Charles GHINS NHAMISUSI 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Husboard) 838-6041 16b. SOCIAL SECURITY NO. **ADDRESS** 128 GIENWOOD ROAD ZIOIY (Yes, no. or unknown) (If yes give war or dates of service) COLEUGENE G. BENNETT 275-10-6530 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY erlase le rotk DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a), DUE TO. OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO R 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy ... Inspection . Inquiry F and in my opinion death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Gerald C. Palmer, M.D. NAME (Type) ADDRESS(Street, city, tawn, ar county) 23g. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Arlangton NAtional CEMETERY FEb. 11.1969 BURIA 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR ADDRESS St. 2Sb. REGISTRAR'S SIGNATURES W. Broadway JOSEPH WILLAM FOSTER BEI Hir Manyland 21014

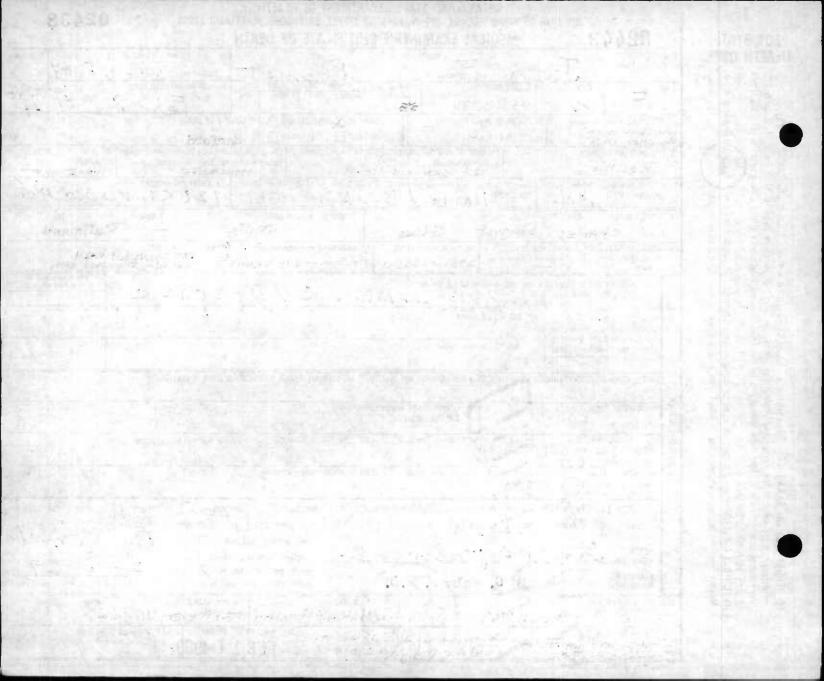
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FUNERAL DIRECTOR: Page

Health

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the funeral director. Page



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gecuted within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02439

	CERTIFICATE	OF	DEATH
Middle	Los	s†	

20. DATE OF DEATH

1.	DECEASED-NAME		irst	Middle		Lost		20. DATE OF DEATH		11302-1	क्रिक्तः क्
	(Type or print)	FRA	NK	V.	В	IERBAU	JM	February	The II	969 ^{Yeor}	p M
3.	SEX		4. RACE			DATE OF 8		A AGE	In venrs	IF UNDER 1 YEAR	IF UNOER 24 NRS.
	Male		Car	ucasian		14 Feb	ruary]	L888 1816	rthdoy)	MONTHS DAYS	NOURS MIN.
70	BIRTHPLACE (S	tote or foreign	7b. CITIZEN OF W		8. MARRIED	KNEVER MAR	RIED 9.	COUNTY OF DEATH			
(0	ountry) Mic	higan	U.S.	.A.	WIDOWED		RCED 🔲	Ha	rford		Md.
10	. CITY OR TOWN			AME OF HOSPITAL OR INS	STITUTION (If not	in hospitol		OCCUPATION (Kind of		12b. KIND OF B	USINESS OR
OL	Joppa			411	Haslet		Mac	t of working life, eve hinist (Ret)	Heavy	Equip.
				tion: Residence before	13c. CITY OR T		13d. INSIDE CITY LIMIT				
-			nd 13b. COUNTY	Harford	Joppat		YES NO	- 411	Haslet	t Road	
14	FATHER'S NAM	-	Middle	Lost		MOTHER'S M	AIDEN NAME Firs		Middle	/	Lost
		Lewis			D)		Ste	ella	Brad	dley (I))
16	Yes, no, or unki	eD EVER IN U.S. nown) (If yes o	ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY I		FORMANT	Diamb	ann Tanna	Address	Marmal -	
=				278-01-45		SMIS 0	• pren	aum, Joppa	cowne,		ATE INTERVAL
	18. CAUSE (DEATH WAS CA	IISED BY-	ine for (a), (b), ond (c).	()	. 1	- /	4			SET AND OEATH
	1/10	IMM	EDIATE CAUSE (o)	myoc	ardi	al -	ingar	ation	100	1.4	17
	Conditions	t alv which as		AS A CONSEQUENCE OF	0	A	1	4 1		0	1
	rise to imm	if any, which go ediote couse ((b)	arterio	ecler	alce	hea	r lucie	ial	You	miltes
	stoting the lost.	underlying cou	DUE 10, OR	AS A CONSEQUENCE OF						1500	
		IED SIGNIFICANT	(c)	JTING TO DEATH BUT N	OT PELATED TO	THE TEDAMINIA	I DISEASE OPCOL	NDITION CIVEN IN DAD	[](a)	<u> </u>	
1.		ILK SIONII ICAN	CONDITIONS CONTRIBE	JINO TO DEATH BOT IN	OI KELAILD IO	IIIL ILKMIN	L DISERSE ORCO	NOTITOR OFFER IN TAK	,(0)		
TIO	190. DATE OF	OPERATION 1	19b. CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?	20b. IF YES, WEI	RE FINDINGS CO	NSIDERED IN CER	RTIFYING
) 1	190. DATE OF	3				YES	NOXX	CAUSES OF DEAT	H?		
		NT WAS UNDER			21c. HOV	V INJURY OC	URRED (Enter r	noture of injury in Port	1 or Port 2, It	rem 18.)	
100	OR CONTRIB	uting Cause of	DEATN HOUR A.M. P.M.	Month Doy Yeor	9						
3		OCCURRED		(AT NOME, FARM, STREET, FAC		ATION Street	et or R.F.D. No.	City or Town		County	Stote
	While O	ot work			200					100	
н	22a. I cer	tify that (I)	(this haspital) att	ended the deceas	ed fram	JAN	, 19_65	, ta Feb-	1 194	ع , that ا	(I) (we) last
	SOW	the deceased	alive an/=	(d id not) view the	9.69, and	that in (m	y) (our) opini	ian death accurre	d an the dat	e and haur a	nd fram the
	22b. SIGNATI		ave, (i) (ve) (ala)	(did not) view ine	budy uner de	zum.			22c. D	ATE SIGNED	
	En	-20-	1 %	U. Z.	DEGRE	ATTENDII PHYS.	NG MEI	D. STAFF			ry 1969
ŀ	22d. PHYSIC		1 a pros	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		22e. ADD		11110		11000	
L	NAME (Type) Em	ory J. Li	nder. M.D		902	Averil	Ll Road,	Joppato	wne, Ma	ryland
23	o. BURIAL, CRE		3b. DATE		CEMETERY OR C			23d. LOCATION (City of	r Town)	(County)	(Stote)
	KENNA (15 Feb. 69		Hills	Cemet	ery,	Toledo,		Ohj	Q.
24	4. FUNERAL DIRI			ADDRESS			250. REC'D BY	REGISTRAR 19695b	REGISTRAR'S	SIGNATURE	A. S.
	Tarrin	g Funer	al Home,	Aberdeen, 1	Md. 210	01	DATE FEB	2 7 10	N.	1985	

VR A15 (4) 30M REV. 1/68

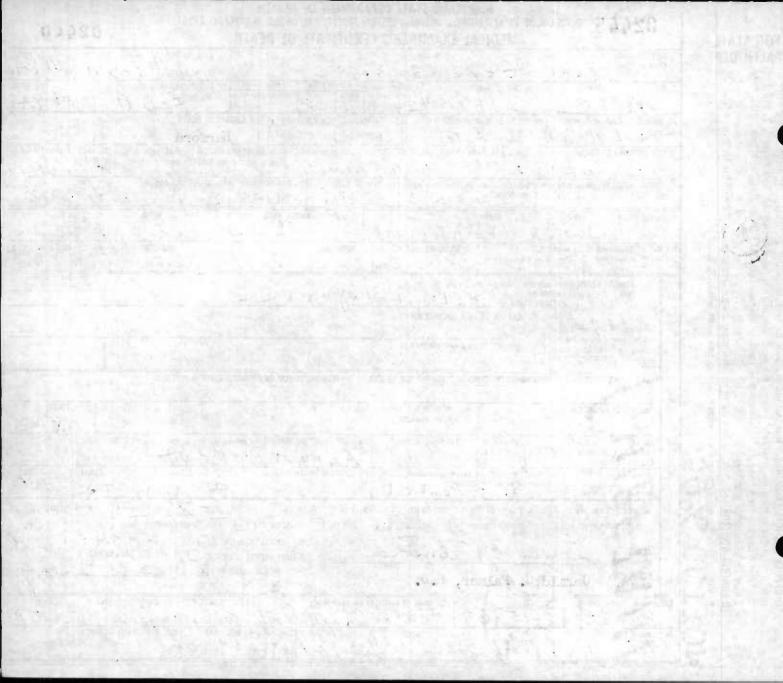
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physkian and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon page should be filed with the State Dept. af Health priar ta burial, cremation, or removal, and in any event within 7.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be

Page 4 moy be retained by the haspital ar attending physician.

THE SHALL SHALL BE ANALYSIS OF THE STATE OF but year ent recitions to the first state of the contract of the state of the s married the confer of the state of the state of the the feet of the state of the st

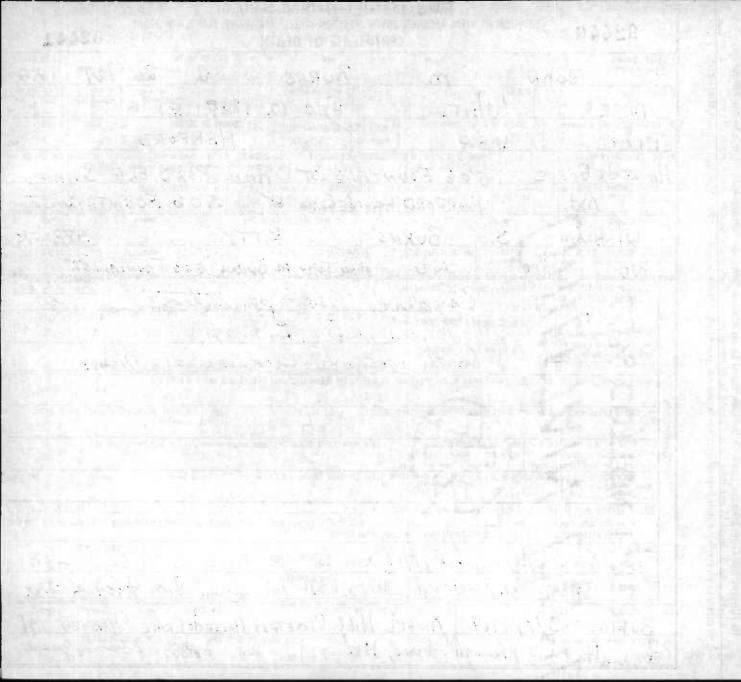
		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02440
HEALTH DEPT.		ECEASED-NAME First Middle Last 2a. DATE KNOWN Month [Day Year 2b. HOUR
ay is 3 to Page ent af	(1	Type or Print) Paul Gene Brooks DEATH MATED Feb	11 1967 8AN
any delay 1, 2, and 3 m PM3. Pa Department	3. SE	4. RACE S. DATE OF BIRTH 6. AGE (In years least birthday) MONTHS DAYS HOURS MIN. 2c. DATE PRONOUNCED DEAD Month Februs	Yeor 1969 8AN
	7o. E	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79. COUNTY OF DEATH MITCH Harford	M
death ve Pages 1, 3 with farm the State De		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 1)	26. KIND OF BUSINESS OR NOUSTRY Sod C
s after 18. Give alang 2 with death.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER demission) STATE Md. 13b. COUNTY Harford Bel av YES NO E Ct. # 1	8×152
Hem Offin	14. F	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Williams
n pencil in 24 Examiner s File pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) 215-42-386 Mrs. Emma Viola Brooks, B	# Bex 15 1
- m iE		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Maltiple 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
shauld be executed to word "pending" ir to the Chief Medical I burial-transit permit.		DUE TO, OR AS A CONSEQUENCE OF	
shauld ne word o the Ch burial-tro		rise to immediate cause (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost.	
icate ing the ded t ded t as a		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
his certificat ate, writing te farwarded be used as a r remaval, an	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO NO
Thifical iffical did be ar ar	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item P.M. 19 ALTO ACCURRED (Enter nature of injury in Part 1 or Part 2, Item P.M. 19	n 1B.)
EXAMINER: cute the certi age 4 shauld r your files. Page 3 shau I, crematian,	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT	Caunty State
execution. Page of far year. Page of far year. Page of far year. Page of far year.		22a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apinian
direction of the control of the cont	×	ACTUAL SIGNATURE Deradd & Palmer M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	Air of pay
necessary, particular funeral 5 may be rational for Funeral Health prices		EXAMINER'S NAME (Type) Gerald C. Palmer, M.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	2-69
To I He		Burial 2-15-69 Clarks Chapel Cemeters Kalmin hr. Bel ai	County) (State)
VR A15ME (5) 10M REV. 1/68	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
1480	-		



2Sq. REC'D. BY REGISTRAR

DATE

FUNERAL DIRECTOR



executed within 24 hour TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

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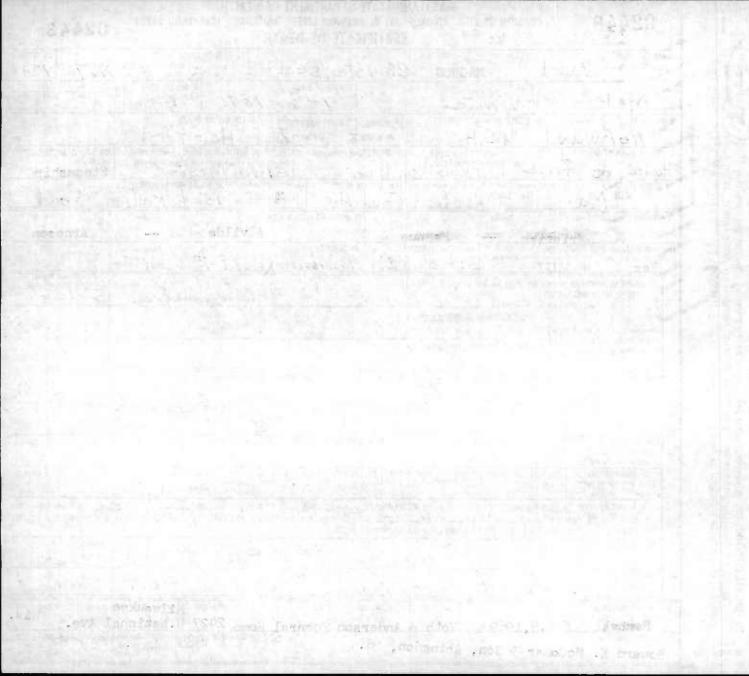
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12447 CERTIFICATE OF DEATH
02442

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased jived, If institution: R	lesidence before edmission)
e. COUNTY HARFORD MARYLAND B. STATE W. VA.	0 /
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and	ERAL
write RURAL and give neerest town)	give nearest town;
NORAL-HAVREDEGRACE 14DAYS TEVSER, W.VA.	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
HAVREDE GRACE RD42BOX283 35 N.CHURCH, ST	YES NO
3. NAME OF First Middle Last 4. DATE Month OF	Dey Yeer
(Type or print) WILLIAM STICKLEY CALOWELL DEATH TEB.	11 1969
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS. Deys Hours Min.
MALE WHITE WIDOWED DIVORCED NIAY 8, 1882 86 yrs.	
done during most of working life, even if retired)	ZEN OF WHAT COUNTRY?
MEALESTATE NO INSURANCE RETIRED W.VA	.S. A.
73. FATHER'S NAME 14. MOTHER'S MAIDEN NAME _ 1 /	
WILLIAM S. CALOWELL Rosa Stickley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((Ifyas give war or dates of sarylce)	OBGRACEMO
732-54-2526AM. GOLDIEB, CALOWELL R.D. #2BO	
1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Could Luchu Mary Clayaq	3 Ms
4124 DUETO Plain-SI Confie (" 176 Justone	640-
Conditions, if eny, which geve rise to immediate cause	I Pro
(a), steting the underlying DUE TO	
ceuse lest. (c)	
	1(e) 19. WAS AUTOPSY
advanced Oster-presin	PERFORMED?
organises - process	AEZ NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Control of the condition of the	
	nty) (Stete)
Hour e.m. While Not While fectory, street, office bldg., etc.)	my) (Siele)
	18
21. I certify that (I) (this hospital) attended the deceased from	that (I) (we) last
saw the deceased alive on	e date stated above.
22e. SIGNATURE	22b. DATE
Telete Tries M.D. ATTENDING MEO. STAFF PHYS. DIRECTOR PHYS.	112/69
22c. PHYSICIAN'S 22d. ADDRESS , / / / /	1.11
NAME (Type) of Kalph Horky MD Churchville	199
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county	(Stele)
BURIAL FEB. 15, 1969 ZUEENS POINT CEM. KEYSER, MINERA	LCo., W.VA.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 21078 258. REGISTRAR'S'S	SIGNATURE
N. Madison Mitchell, THAVRE DE GRACE MD DATE	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02443 tem8 FilmGulO 3/4/69 kk CERTIFICATE OF DEATH First Middle 2g. DATE OF DEATH DECEASED-NAME 2b. HOUR death. 2 Manth (Type ar print) Christensen MAGNUS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) HOURS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN 8. MARRIED NEVER MARRIED Har DIVORCED XX and in any event, within 72 WIDOWED K remove carbon papel ond completely filled 12a. USUAL OCCUPATION (Kind af wark dane NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR law requires that the death certificate be executed within give street address) during most of warking life even if retired.) **INDUSTRY** Grece Steamship MUSTEY Tizens 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMPIS? admissian) STATE 13b. COUNTY YES X 1504 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Alvilde Arnesen Magnus Kristian 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give wer or dotes of service) 394 09.8983 or removal, WWII APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY ~ alaye IMMEDIATE CAUSE (a) cremotion, DUE TO, OR AS A CONSEQUENCE OF 2-3 leas signed by the burial-tronsit Canditians, if any, which gave) rise to immediate cause (a). physician. DUE TO, OR AS'A CONSEQUENCE OF stating the underlying cause last. PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART//(o) as the be retoined by the hospital or ottending O FUNERAL DIRECTOR: After this certificate hos been 200/ AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? ATTENDING PHYSICIAN: The for use YES 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 0 (If either, natify medical examiner) P.M. be detoched (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark at work 22a. I certify that (1) (this haspital) attended the deceased from. 9, and that in (my) (aur) apinian death/occurred on the date and have and fram the saw the deceased alive an_ should causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS director, poge should be filed PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) (State) Wis 23d. LOCATION (CINTIFFE PULKO C(County) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)
Remova 2427 W. National Ave. Voth & Anderson Funeral Home REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Howard K. McComas & Son, Abingdon, Md. VR A15 (4) 30M REV. 1/68 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

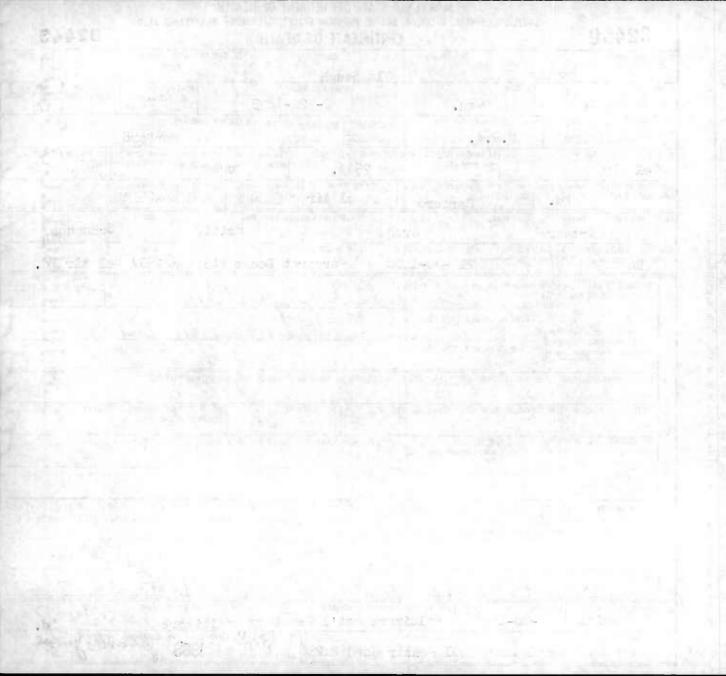
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DECEASED-NAME (Type or print) Martha Claubaugh First Month Martha Claubaugh First Month Month Month Claubaugh First Female A RACE Cau S. DATE OF BERTH Cau S. MARRIED DEVORTED DEVORTED DEVORTED DEVORTED DEVORTED DEVORTED NO. CURNATO FO DEATH Harford BOX 251A. CITY OR TOWN BOX 251A. G. USUAL DOCUPATION (Kind of work done during most Martines) The Coulomb of Berth BOX 251A. G. USUAL RESIDENCE (Where descessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where descessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where descessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where descessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where descessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where descessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where descessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where descessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where Accessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where Accessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where Accessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where Accessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where Accessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where Accessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where Accessed lived, it institution: Residence before BOX 251A. G. USUAL DOCUPATION (Residence Control of Residence BOX 251A. G. USUAL RESIDENCE (Where Accessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where Accessed lived, it institution: Residence before BOX 251A. G. USUAL RESIDENCE (Where Accessed li	024	02445								
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3. SEX Female		S.			6. AGE (In years lost birthday)	IF UNGER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.			
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						INPUSE	wife			
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Claubaugh Cau So Alt Of Birth Cau So Alt Of										
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While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	19 ACTORY.) 21f. LOCA					Stote			
saw the deceased all causes stated abave	saw the deceased alive an 3-24-19-64, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death.									
22d. PHYSICIAN'S NAME (Type) KERM		h, M.D	PHYS. 22e. ADDRESS 1916 Be	lair R	od. FALLS	-25-6 ston 2	- 1			
DECEASED MANE (Type or pinn) Martha Claubauch 20. DATE of DEATH (Type or pinn) Martha Claubauch 20. DATE of BERTH Day / Yog/ of 120. 20. DATE of DEATH Day / Yog/ of 120. 20. DATE of DEATH Day / Yog/ of 120. 20. DATE of DEATH Day / Yog/ of 120. 20. DATE of DEATH Day / Yog/ of 120. 20. DATE of DEATH Day / Yog/ of 120. 20. DATE of DEATH Day / Yog/ of 120. Day / Yog/		(Stote)								
Caubaugh S. Date of Birth S. Date of D	ige									

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond compressly filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove corbon papers. Pages hand should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in ony event, within 72 hours after deoth TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physicion.

VR A15 4



23c. NAME OF CEMETERY OR CREMATORY

Rock Run Cemetery,

ADDRESS

23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

REMOVAL (Specify)

Tarring Funeral Home. Aberdeen. Md. 21001

13 Feb. 69

23b. DATE

25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

Havre de Grace.

(County)

Maryland

23d. LOCATION (City or Town)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02447 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME 69 Year son papers. Pages 1 and 2 within 72 hours after death Day (Type or print) 1825 M IF UNDER 24 HRS. IF LINDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SFX lost bighdoy) HOURS 00 requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? (quntry) completely filled in DIVORCED WIDOWED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY give street oddress) remove corbon 11.5. NAV retrician event, 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before N# NO X ony 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle gud = please the attending physicion sit permit. Then please puo N U.S. ARMED FORCES? (If yes give war or dates of service) 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. Rising Yes, no, or unknown) 168-26-2794 Kolennker removo CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (a) cremation, DUF TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) signed by the burial-tronsit p rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? SO CAUSES OF DEATH? NONE YES X NO [detached for use te Dept. of Heolth hospital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Dov P.M (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while at wark at work 22a. I certify that (+) (this haspital) attended the deceased from 3 Feb , 19 69 , ta 6 Feb , 19 69 , that (+) (we) last saw the deceased alive an 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the be retained director, page 3 shauld shauld be filed with the causes stated abave, (+) (we) (did) (did net) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE DIRECTOR Poge 4 moy b 22e. ADDRESS 22d. PHYSICIAN'S (Stote) (Caunty) 23a. BURIAL, CREMATION 23b. DATE REMOVAL (Specify) UTIA REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68

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Bel Air, Maryland

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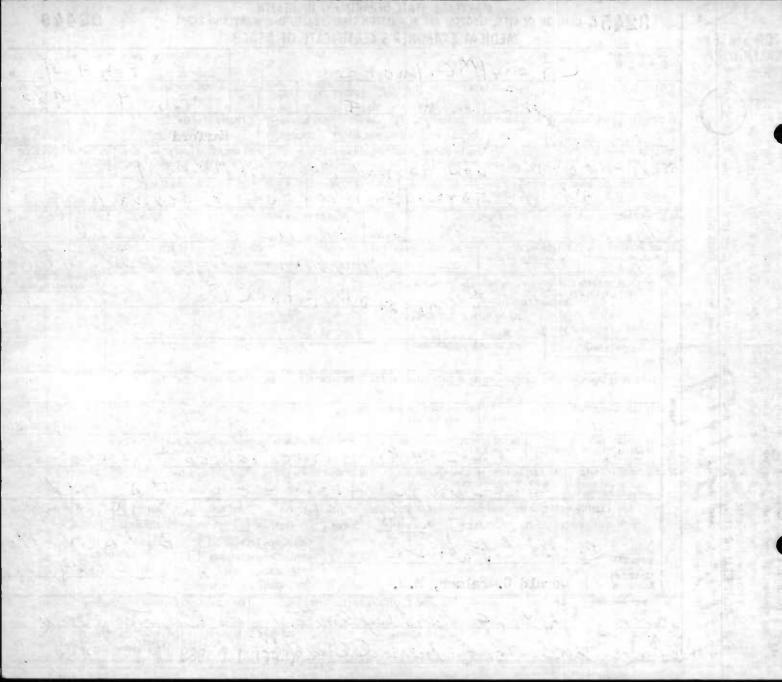
30M REV, 1/68

Joseph W. Foster

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MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the hospital or ottending physician.

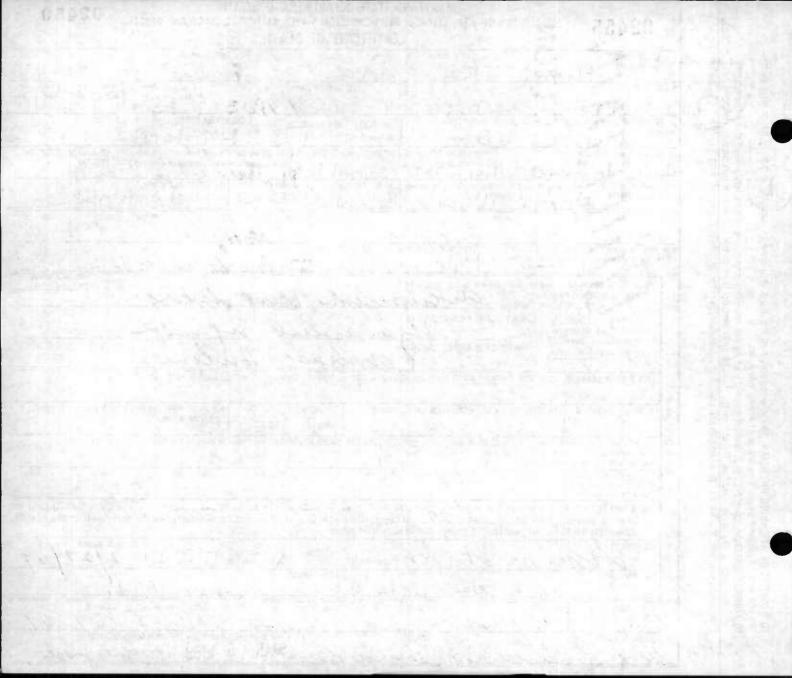
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MARYLAND STATE DEPARTMENT OF HEALTH

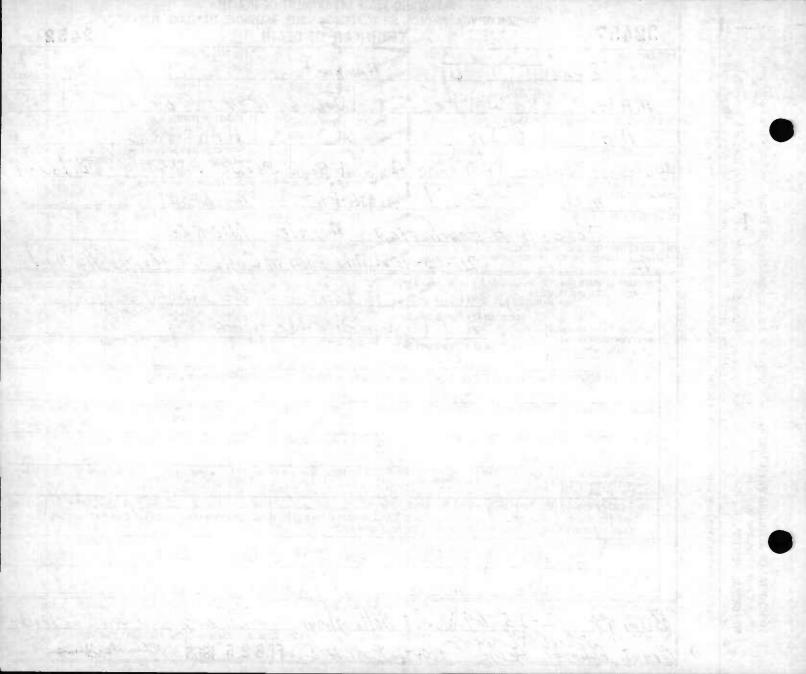
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1. DI	ECEASED-NAME	. First	-0	Middle	0	Last	2a. DATE C	OF DEATH			2b. HOUR
(1	Type or print)	HAZ	10	Kon	1500	the	Fehr	Month	894 14	20	430 M
3. SE	EX	11116	4. RACE	1100			11 001	6. AGE (in years			UNDER 24 HRS.
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	BIRTHPLACE (Stote		7b. CITIZEN OF V	VHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O		1		
COU	ntry) M	1	1 (15	SA			146	ar tori	1		Md
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Dum	ission) STATE	Mg	130. COUNTY	Cecil	Hort De	DOSIT YES !	10 📙	45 N	. IYJAII	N 7	+
14.	FATHER'S NAME	First	Middle	/ Lost	15.	MOTHER'S MAIDEN NAME	First	Midd	lle		Lost
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				16b. SOCIAL SECURITY	NO. 17. INF	ORMANT	1	Addre	ess		/
Type or print) Type or type or print) Type or type	4CC	·Md.									
	18. CAUSE OF DE	ATH (Enter of	nly ane cause per	line for (a), (b), and (c)	1) 1	. 11	1 1		BET	WEEN ONSET	AND DEATH
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CERT	21a. ACCIDENT W	AS UNDERLYI	NG 21b. TIME	OF INJURY	21c. HOV		_	iury in Port 1 or Po	art 2. Item 1B.)		_
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		gted obov	e, (I) (we) (did	(did not) view the	body offer de	oth.			22. DATE CICAL	rD	
	226. SIGNATURE	11111	h. 4	tulon	PEGRE				2 / 2	27/	1.9
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3a.	BURDAL, CREMATIC	N. 23b.	DATE,	23c. NAME OF	CEMETERY OR C	REMATORY /	23d. LOCAT	ION (City or Town)	(Caunty) ((State)
Type of print Type of Typ		Md.									
24.	FUNERAL DIRECTOR		1	ADDRESS	1	2So. REC'S	BY REGISTRAR		RAR'S SIGNATUR	E	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02457 02452 CERTIFICATE OF DEATH Middle DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR First death. deoth (Type ar print) rnes 00 6. AGE (In years 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS. requires that the deoth certificate be executed within 24 haurs after 3. SEX last birthday) MONTHS DAYS HOURS YRS ond in any event, within 72 hours and completely filled in by 9. COUNTY OF DEATH 7a. BIRTHPLACE (State, ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED remove carbon popers. (auntry) WIDOWED S DIVORCED 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) TONE MasoN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME Middle Middle First Last the attending physicida sit permit. Then please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown) (If yes give war or dates of service) 17-03-4561 cremation, or removal, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Wmoon DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) buriol-tronsit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by physician. stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ottending p as the O FUNERAL DIRECTOR: After this certificate hos been ONE 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? of Heolth p YES 🗀 NO X be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 2-18 220. I certify that (I) (this hospital) attended the deceased from saw the deceased olive an 2-22 1969, or 1969 ___19 69, and that in (my) (our) opinion death occurred on the date and have and from the saw the deceased olive an___ should causes stated obave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR directar, poge should be filed PHYS PHYSICIAN 22e. ADDRESS 22d. NAME (Type) 0 x 500 LOCATION (City or Town) 23a. BURIAL, CREMATION (Caunty) (State) REGISTRAR'S SIGNATURE VR A15 5 Ochonia Jus 1969 30M REV.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

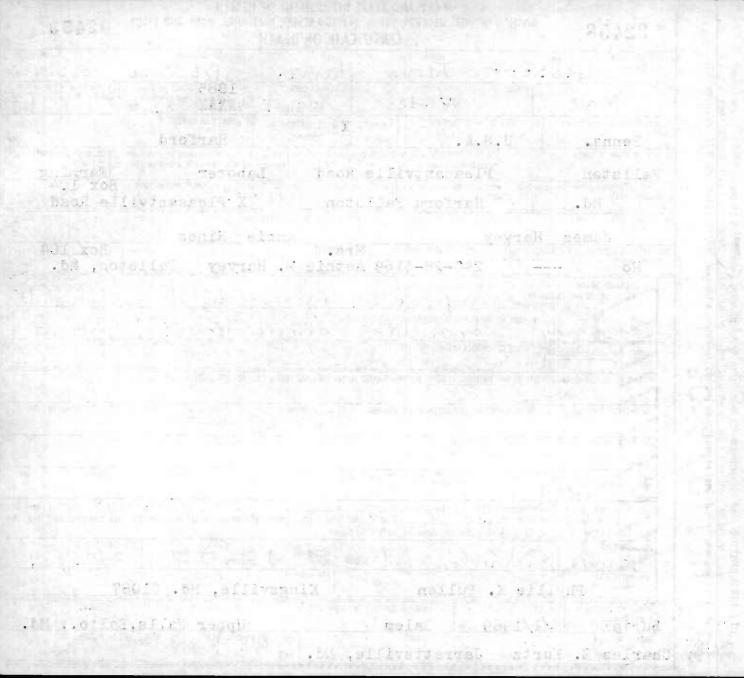
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		CERTIFICA	IE OF DEATH			
1. DECEASED-NAME First	Middle	- 1	Lost	20. DATE OF DEATH	Day Vaar	2b. HOUR
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30. USUAL RESIDENCE (Where deceosed	lived, if institution: Residence before	e 13c CITY OR TO	OWN 13d. INSIDE CITY LI			
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4. FATHER'S NAME First				irst Middl	9	Lost
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196. CO	NDITION FOR WHICH OPERATION WAS I		YES NO 🔀	CAUSES OF DEATH?		ERTIFYING
	HOUR A.M. Month Doy Yes	or	INJURY OCCURRED (Enter	noture of injury in Port 1 or Por	t 2, Item 18.)	
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saw the deceased aliv	e on telo 4	19 69, and t	hat in (my) (our) api	$\frac{2}{7}$, ta $\frac{2}{2}$ / $\frac{2}{6}$, nion death occurred an the	19 <u>69</u> , that e date and hour	(I) (we) las
	D 00 B	1 1	ATTENDING AM	ED. STAFF	22c. DATE SIGNED 2/26	169
Phyll:	is K. Pullen		Kingsvi	lle, Md. 210)87	
30. BURIAL, CREMATION, 23b. DA			EMATORY	23d. LOCATION (City or Town)	(County)	(Stote)
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			2So. REGD	Y REGISTRAR 25b. REGISTR	AR'S SIGNATURE	
Charles E. Kur	tz Jarretts	ville.	Md . DATE	0 12 2	mar and No	enter.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicant and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please femave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

executed within 24 haurs after death.

ro Hospital or Attenbing PHYSician: The law requires that the death certificate be Page 4 may be retained by the haspital or attending physician.



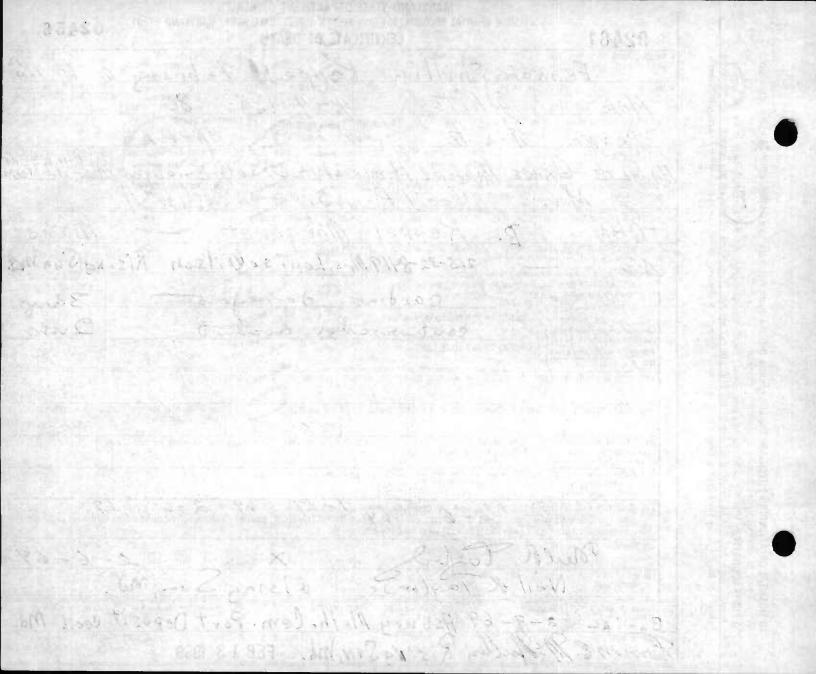
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		2454
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Day OF ESTI-DEATH MATED 2 6	
any delay is 2, and 3 ta PM3. Page epartment af	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 1 YEAR if under 24 Hrs. 2c. DATE PRONOUNCED DEAD loss birthdoy) Months DAYS HOURS MIN Month i Day 6	Year 69 2d. HOUR
ve Pages 1, yet Pages 1, the State De	7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED HARTOOT 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12b. CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12b. CHY OR TOWN OF DEATH 11c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	KIND OF BUSINESS OR USTRY
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hauld be executed v ward "pending" in the Chief Medical K vial-transit permit. Fil	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2 x d . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D x c . D	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L EXAMINER: This of ecute the certificate, Page 4 shauld be far far yaur files. R: Page 3 shauld be u ial, crematian, or rem	19a. Date of Operation 19b. Condition for which operation Was Performed? 21a. External cause was primary or Contributing 21b. Time of Injury Manth, Day, Year Houra.Am. 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 4 1969 34 - 2 - 2 - 4 1969 34 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	20. AUTOPSY? YES NO State aunty State and in my apiniar
TO DEPUTY DICA necessary, please es the funeral director. 5 may be retained to FUNERAL DIRECTOR Health prior to bur	ACTUAL SIGNATURE Level Color of Chief Medical Examiner 22b. Date SIGN ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county) 23a. Burial, Cremation, Removal (Specify) 23b. Date 23c. Name of Cemetery or Crematory 23d. Location (Gity or Town) (County) 24 Suneral Director Address Sign. 24. Suneral Director Address Sign. 25d. Rec'd by Registrar 25d. Registrars Sign.	s 1969 inty) (State) milk)

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02457

11 M - K ()	3		C	ERTIFICATE O	FDEATH			010 30	
1. DECEASED-NAME	First		Middle	Lost		2a. DATE OF DEATH			2b. HOUR
(Type or print)	Elizabe	eth :	Young	Krouse		Feb. Month	20 20	Year 69	4:15
3. SEX		RACE		S. DATE OF	BIRTH	6. AGE (I	years II		IF UNDER 24 HRS. HOURS MIN.
Female		Whit	e		5-21-1897	1896 72	1 YRS.	OMINS DATS	HOURS MIN.
7g. BIRTHPLACE (Stote country)	or foreign 7b. C	TT.S.A	GPC 1	8. MARRIED NEVER N	ARRIED (9.	COUNTY OF DEATH Harford			M
10. CITY OR TOWN OF	DEATH			ITUTION (If not in hospito	1 12a. USUAL (CCUPATION (Kind of v	vark dane	12b. KIND OF B	
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odmission) STATE	13	b. COUNTY	Charles and the second		YES NO		.Royal	Ave.	
14. FATHER'S NAME	First	Harfo Middle	Lost	Aberdeen Is MOTHER'S	MAIDEN NAME First		Middle	AVG.	Last
14. TATTER & TRIBE			1	is. Mornick's				15	\
160. WAS DECEASED E	Frank VER IN U.S. ARMED FO	Youn ORCES? 16b.	SOCIAL SECURITY NO). 17. INFORMANT	Ann	25	Chaney Address	(D)	
Yes, no, or unknow		tes of service)			K. Euste	ce, 65 Mt.		Ahama	deen 1
No.	N/A		220-46-9	DE TAIL	It Hub oa	OO, OO MIII.	neyal		ATE INTERVAL
	EATH (Enter only one TH WAS CAUSED BY:	cause per line for	(a), (b), and (c).)	Tens	Taxon h.	75 7		BETWEEN ON	ISET AND DEATH
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stating the und		DUE TO, OR AS A	CONSEQUENCE OF		4	1			
last.	,	(c)							
PART 2. OTHER S	GIGNIFICANT CONDITIO	NS CONTRIBUTING	TO DEATH BUT NO	RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART	1(a)		
Z				×.		/			
190. DATE OF OPE	RATION 19b. CONDI	TION FOR WHICH O	PERATION WAS PER	ORMED 20a. At	TOPSY?	20b. IF YES, WERE CAUSES OF DEATH		SIDERED IN CEI	RTIFYING
		21b. TIME OF INJU		21c. HOW INJURY	OCCURRED (Enter no	ature of injury in Part 1	or Part 2, Ite	m 18.)	12/4/20
	CAUSE OF OEATH medicol exominer)	HOUR A.M. Mo	onth Day Yeor						
21d. INJURY OCC				DRY.) 21f. LOCATION S	reet or R.F.D. Na.	City or Town		County	Stote
While Nat w	mile	OFFIC	E BUILDING, ETC.	/		0 0		,	
	hat (I) (this ha	coital) attende	d the decease	Ufrem D - 0	- 1978	to o- c	0-196	, that	(I) (we) la
saw the	deceased olive tales above (1)	01 0	11) - 19	LEKL, and that in t			an the date		
22b. SIGNATURE		HIV	Mach h	DEGREE ATTEN	DING MED DIRE	CTOR STAFF PHYS.	22c. DA	SIGNED 1	-60
22d. PHYSICIAN NAME (Type		P.R	new bo	M.D. 386	DDRESS S	+ Aberr	een 1	Md.	21001
230. BURIAL, CREMATI			23c. NAME OF C	EMETERY OR CREMATORY		23d. LOCATION (City or	Town)	(County)	(State)
REMBYAL (Specif	22 Fe	b. 1969	Baker	Cemetery		Aberdeen	(Harf	ordd M	arylan
24. FUNERAL DIRECTO	R		ADDRESS		2So. PFC'D BY	EGISTRAR 25b.	REGISTRAR'S SI	GNATURE	
Tarring	Tuneral He	me. Aber	deen. Me	21001	DATE	4 1969	Miane	my fores	Sono gale

Tarring Funeral Heme, Aberdeen, Md. 21001

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician applicabilities filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 is shauld be filled with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death. VR A15 30M REV. 1

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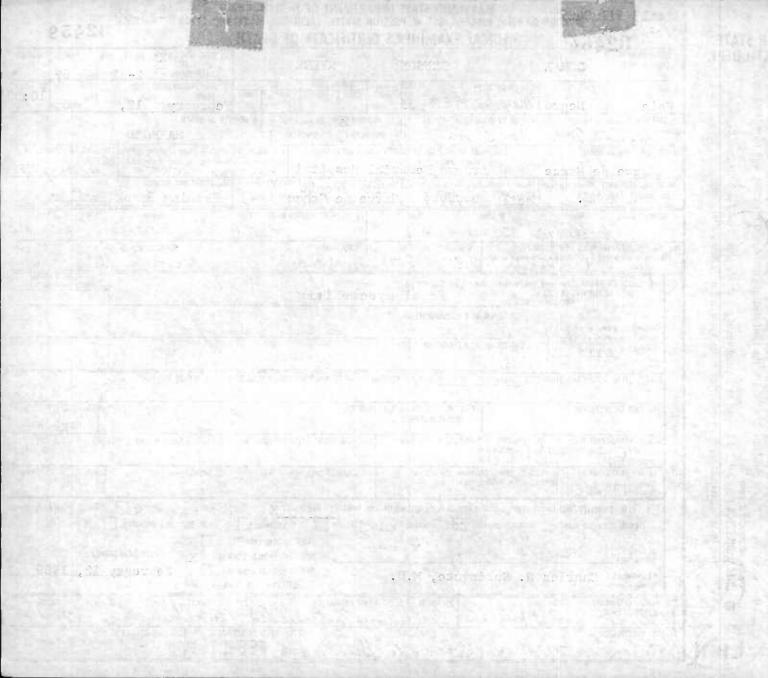
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FOR STATE	2/19/69 51 67 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02459
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWNEY Month D	oy Yeor 2b. HOUR
e de 10 ≤	(Type or Print) DONALD BENSON KYLER OF ESTI- DEATH MATED 2-12	189 A
deloy is and 3 to M3 Page ment of	3 SEX 4 RACE S DATE OF RIPTH 6. AGE (In years 1 IF UNDER 1 YEAR 1 IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD	2d. HOUR
delo and man was a delo	Male Negro May 23, 1933 35 yrs. Months DAYS HOURS MIN. February Doy 12,	year 19 69 10 10 N
577	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) R 0 to 2000 PM	
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Give Pages and with for the State th.	give street oddress) during most of working life_even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	b. KIND OF BUSINESS OR DUSTRY
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5 % 5 × 607	odmission) STATE Md. 13b COUNTY Harford Harve de Grace INO 18 Running Brook	Trailer
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rs of	William Benson Kyler Ruth Helen	Conway
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If we give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 8/8	Trie street
This certificate should be executed within 2 cate, writing the word "pending" in pencil jube forwarded to the Chief Medical Examiner be used os a buriol-transit permit. File page in removal, and in any event within 72 hour	(Yes, no, or unknown) (If yes give war or dates of service) 218-28-5746 Mr. Ralph R. Kyler, Flavre de &	Trace md.
al E. Fi	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: FOCAL MYOCARDITIES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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生	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item PRIMARY OR CONTRIBUTING HOUR A.M.	18.)
INER: 1 e certific should b files. 3 should ation, or	CAUSE OF DEATH P.M. 19	Faunt State
	Z1d. INJURY OCCURRED 21e. PIACE OF INJURY (At home, form, street, foctory, office building, etc.) WHILE AT WORK AT WORK AT WORK	County Stote
		and in my animing
ICAL E executor. Pare for CTOR: buriol,	220. I certify that I took charge of the remains described obave, held an Autopsy X, Inspection [], Inquiry [], death resulted fram: Natural equipses 22. Accident [], Suicide [], Hamicide [] Undetermined manner []	and in my opinion
pleose ey l director. retained	CHIEF MEDICAL EXAMINER	
ple di di	ACTUAL SIGNATURE LIAND 3 ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	ENED
Sary, he he he he	SIGNATURE	13, 1969
	NAME (Type) ADDRESS(Street, city, town, or county)	
5 # 2 5 H	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City or Town) (C	ounty) (Stote)
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VR A15ME (5)	25. RECD BY REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR'S SIG	
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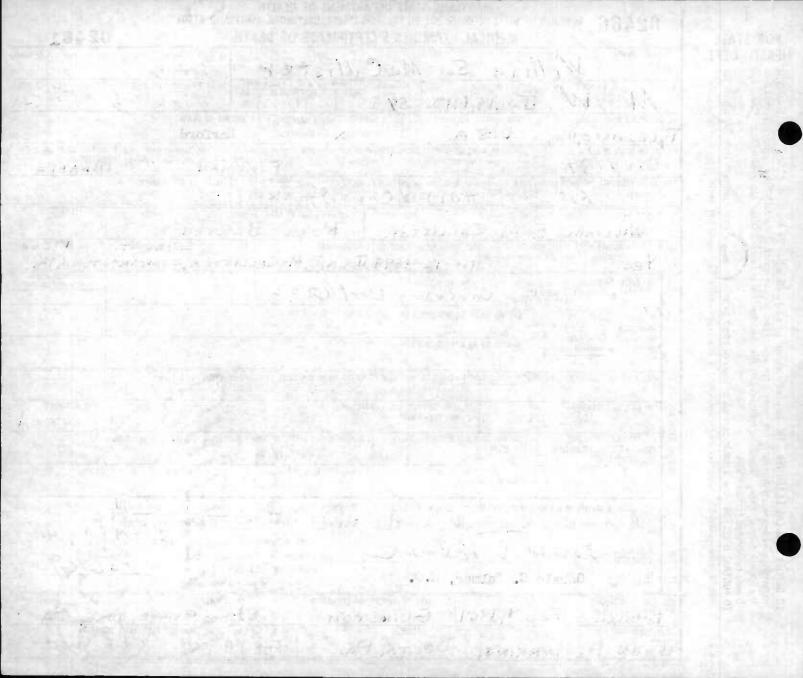


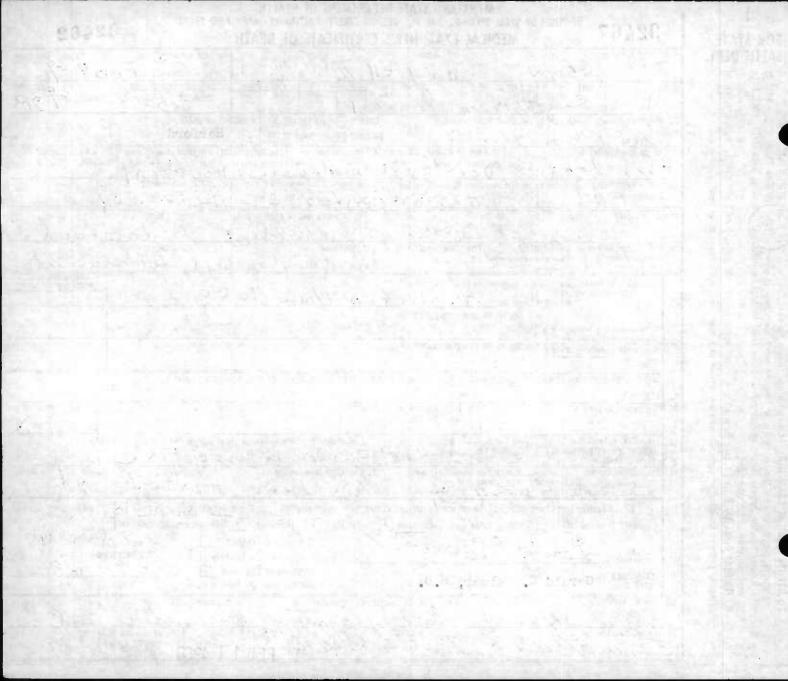
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02465 02460 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost 20. DATE OF DEATH (Type or print) puo Month / rederic 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthdoy) Dec. 23, 1887 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED | DIVORCED [TAL OR INSTITUTION (If not in hospital* 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Agriculture event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befole 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES remove and in any 14. FATHER'S NAMI Middle MOMER'S MAIDEN NAME First Middle low requires that the death certificate be omyel arbara lease 16a. WAS DECEASED EVER 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) David F. Marll, 1118 Clayton Road, Joppa, Md. none signed by the ottending phy burial-transit permit. Then burial, cremation, or remava yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove) rise to immediate couse (a). by the haspital or ottending physician. DUE TO, OR AS A CONSEQUENCE OF stoling the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) hos been prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING GIS 20o. AUTOPSY? TENDING PHYSICIAN: The CAUSES OF DEATH? YES [be detached for use State Dept. of Heolth NO [O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 2-5, 1969, ta 2-6, 1969, that (I) (we) last saw the deceased alive an 2-6-6, 1969, and that in (my) (aur) opinian death accurred an the date and haur and fram the be retained director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SUBNED ATTENDING PHYS. DEGREE DIRECTOR 22d. PHI SICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) THE MOVAL (Specify) Feb.8.1969 Bradshaw St. Stephens Cemetery Balto Md 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 Howard K. McComas & Son, Abingdon, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

Frederick P. Lange Co. L. School St. Controlled the Control of the Contro LA MANAGER TERMINE TO BE AND THE RESERVE OF THE MANAGER AND THE RESERVE OF William Lamper - Williams Thomas rest town Towns | David P. Maril, 1 TS Clayfon Forth, Joyce, Hd. Transmiss = more st. St. 1.5. dell. Leller towned 1. solder a ton Abbasion, 'd.

11 %		MARYLAND STATE DEPARTMENT OF HEALTH 192466 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02461
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b. HOU
oy is 3 to Poge ent of	,	Type or Print) William S. McCallister DEATH MATED IN	19
and 3	3. S	M JAN. 19, 1913 STYRS. MONTHS DAYS HOURS MIN. Month to Day	Yeor 19 69 2d. HOL
1, 2, D		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED WIDOVCED Harford	
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olo olo		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY #3 -500 X C - d , S YES NO [
	14. F	WILLIAM F. McCALLISTER ROSA BARTON	Lost
thin 24 and in miner's hours	160.	WILLIAM T. WE ALLISTER ROSA DARTON WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT STRAFES ST.	17363
Exominer ile racge	()	(No. or unknown) (If yes give war ardates of service) 166-13-4699 JOHN E. MCCALLISTER, STEWART	
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OCC USI ON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nould be executed word "pending" the Chief Medicol rial-tronsit permit.		4/09 DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if only, which gove (a), (b) (b) DUE TO, OR AS A CONSEQUENCE OF	
should word the Ch urial-tre		stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF	
ate ed the		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	CERTIFICATION	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
T 0 0 0	ERTIFI		YES NO
量 p = 15 ° ·	MEDICAL C	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	lem 18.}
ICAL EXAMINER: execute the cert for. Page 4 should ed for your files. CTOR: Page 3 should burial, cremotion	WE	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
tor. Paged for yeard for burial,		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 🗷, Inquiry 🗵	de and in my apinio
Se es estor. ector. ned rector		death resulted fram: Natural causes 🕡 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	
TY Cose y, please yy, please retaine se retaine sal DIRE		ACTUAL SIGNATURE Land C Palmer CHIEF MEDICAL EXAMINER 22b. DATE	SIGNED
o DEPUTY SIC necessory, please of the funeral directo 5 may be retained 0 FUNERAL DIRECT Health prior to by		EXAMINER'S NAME (Type) Gerald C. Palmer, M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	-6-6/
10 10 14 He		BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BROWLEVILLE, Y	(County) (Stote)
		FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
VR A15ME (5) 10M REV. 1/68	U	TOHN H. HARKINS, DELTA, PA. DATFEB 10 1969 William	Las Judge





meral 1 and 2 death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 moy be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

02463

		ELKIIII ICAIL OI I	PLAIII			
1. DECEASED-NAME Firs (Type or print)		Lost	2o. DA	TE OF DEATH Month Doy	V /Xaor	2b. HOUR
Hanna				-	1747	
3. SEX	4. RACE	S. DATE OF BIR		6. AGE (In years lost birthday)		IF UNDER 24 HRS. HOURS MIN
Female	White		/1895	13 YRS.		
7o. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARR	SED 9. COUNT	TY OF DEATH		
Maryland	U.S.A.	WIDOWED X DIVORG	[ED [Harford		Md
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	STITUTION (If not in hospital		ATION (Kind of wark done	12b. KIND OF BI	USINESS OR
Jarrettsville	give street oddress) Norrisvil	le Road	Hous	rking life, even if retired.)	Home	
3a. USUAL RESIDENCE (Where deced	osed lived, if institution: Residence befare	13c. CITY OR TOWN	3d. INSIDE CITY LIMITS?	3e. STREET AND NUMBER		5 (0)
odmissian) STATE Md •	13b. COUNTY Harford J	arrettsvil	JEX NO [Norrisvill	e Road	
14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAI		Middle		Last
Hugh Cunn	ingham Whitefor	d	Phoebe	Flaharty		
14 - WAS DESTACED THED IN HE AT	DIACO CODECCO 1141 COCIAL CECHIDITY A	IO 117 INFORMANT		1.11		
Yes, no. or unknown) (If yes give	e war or dates of service) 213-01-37	59D Wilbur	Watters	Jarretts	ville.	Md
				21084	APPROXIMA	ATE INTERVAL SET AND DEATH
PART I. DEATH WAS CAUS	SED BY: CARDIO-1	RESP FAIL	URE	2100+	imm	
4171/mmeD		1201, 11,11			11011.1	
Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF (b) MYOLARI	DIAL EAL	URE		6 Di	AYS
rise to immediate couse (o),		MA TITLE	~		_	
stating the underlying cause lost.	(c) ABTERIO S	LLEROTIC (PADIOU	ASC. DIS.	YE	PRS
_	ONDITIONS CONTRIBUTING TO DEATH BUT NO					
DIABE.		DI KELATED TO THE TERMINAL	DISEASE OK CONDITION	GIVEN IN PART I(U)		
19g. DATE OF OPERATION 198	b. CONDITION FOR WHICH OPERATION WAS PE	REORMED 200. AUTOP	cva In	Ob. IF YES, WERE FINDINGS C	ONCIDEDED IN CED	TIEVING
E 170. DAIL OF OFERATION 170	S. CONDITION FOR WHICH OFERATION WAS FEL		10	AUSES OF DEATH?	ONSIDERED IN CER	IITINO
19a. DATE OF OPERATION 19b	ING 21b. TIME OF INJURY	YES T	NO 🖂	[[]	(h 10.)	
	Ziei iimz et iiweiti		JKKED (Enter noture o	f injury in Part 1 or Port 2,	Ifem 18.)	
OR CONTRIBUTING CAUSE OF DE	niner) P.M. 19			NATIONAL PROPERTY.	W10-	
21d. INJURY OCCURRED While Not while	e. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	21f. LOCATION Street	ar R.F.D. Na.	City ar Tawn	County	Stote
of work of work						
22a. I certify that (I) (t	his haspital) attended the decease	ed fram	, 1900, to	10 FEB , 19	69 , that (l) (we) las
causes stated above	ve, (I) (we) (did) (did nat) view the	hady after death) (aur) apinian ae	ain accurred an ine ac	are and naur a	na tram tne
22b. SIGNATURE	- 1 1			22c.	DATE SIGNED	
altif.	Marcell 1	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	2-10	-69
22d. PHYSICIAN'S	10000	22e, ADDR				-
NAME (Type) H. P	. Sidwell	401	Franklin	a St. Bel	Air. Md	
		CEMETERY OR CREMATORY		OCATION (City or Town)	(County)	(State)
DEMOVAL (Speciful)		rove Method		wn Grove.		(2.010)
Burial 2	ADDRESS	TOAS MENHO	2Sa. REC'D BY REGISTI	RAR 2Sb. REGISTRAR'S	SIGNATURE	
Charles E. Ku					les June	
marres T. Va	Tro oatterreat	TTG . LIG .	DATE BIT	1969 William	THE YEAR	A .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely—filled in by tail director, page 3 shauld be detached far use as the burial-transit permit. Then please remove coroon papers. Por shauld be filed with the State Dept. of Health prior ta burial, cremation, ar removal, and in any event within 74 hours

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MARYLAND STATE DEPARTMENT OF HEALTH

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			and the second second			
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erequited within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02470

CERTIFICATE OF DEATH

02465

1. PLACE OF DEATH o. COUNTY	arford		MARYLAND	2. USUAL RESIDENCE o. STATE Mar	(Where deceosed lived, if insti		before odmission) rford	
b. CITY OR TOWN (If autside corporate limits, d give nearest town)		c. LENGTH OF STAY IN 16 6 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dublin				
d. NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospital, g	give street address)	d. STREET ADDRESS Rt.	136		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	JOH		Middle MITC	Lost HELL		uary	Doy Year 12, 19 69	
s. sex	6. COLOR OR RACE White	7. MARRIED WIDOWED	MIL.	8. DATE OF BIRTH April 15,	9. AGE (In yeors last birthdoy) yrs	Months D	YEAR IF UNDER 24 HRS. Doys Hours Min.	
100. USUAL OCCUPATION during most of working	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY	,	y & Stote, or foreign country)		EN OF WHAT	
13. FATHER'S NAME Alex	ander Mit	chell		14. MOTHER'S MAIDEN	NAME McGuire			
IS. WAS DECEASED EVE (Yes poor unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 16. 2		INFORMANT		dress blin, M	d.	
Conditions, if ony rise to immediat stating the unde last.	e couse (o), rlying couse	b) <u>Seu</u> (c)	ene anteriosch	0	neralizal		10 yr	
САТІОН			O DEATH BUT NOT RELATED TO				19. WAS AUTOPSY PERFORMED? YES NO	
200. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURRED.					
20c. TIME OF INJU Hour 'o.r p.r	10	20d. IN While of work	Not While for	CE OF INJURY (Home, for tory, street, office bldg., etc		(Count	(Stote)	
saw the de	fy that (1) (this haspeceased alive an 12		ded the deceased fram	aprile, t death accurred a	19 <i>60</i> , ta 12 Fee t 10 SM, fram cause	, 19 69 s and an the	date stated abave	
220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	W. Mhiry	Who t	M. M. M. eford, Jr.	22d. ADDRESS	MED. STAFF PHYS.	22b. DATE	SIGNED 13,1969	
230. BURIAL, CREMATIC	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETERY OR	CREMATORY ,	23d. LOCATION (City or	,	ounty) (Stote)	
24. FUNERAL DIRECTO			O Union Cha	2So. REC	Sunnybu 'D BY REGISTRAR 25b.	REGISTRAR'S SIGI	ork Pa.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

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REMOVAL (Specify)
Burial

24. FUNERAL DIRECTOR

Tarring Funeral Home, Aberdeen, Md. 21001

26 Feb. 69

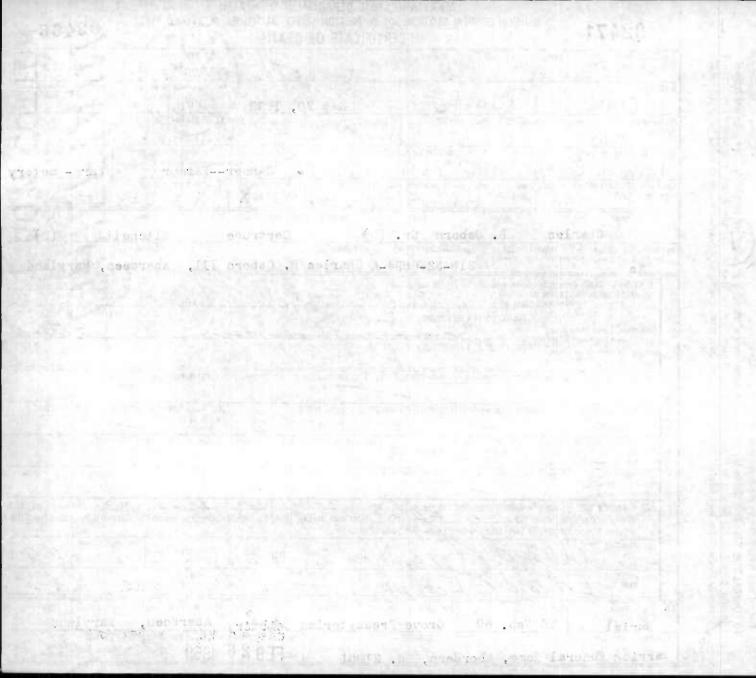
1969

Grove Presbyterian Cemetery

Aberdeen,

REGISTRAR'S SIGNATURE

Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

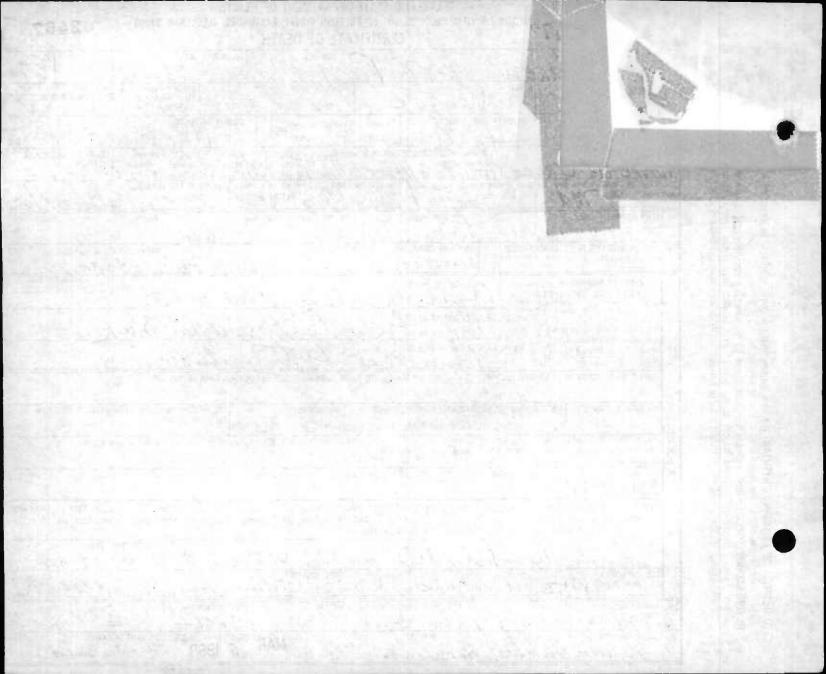
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02467

	CERTIFICATE OF DEATH
	Type or print) Chicken Middle N. M.M. Partick. 2a. DATE OF DEATH Manth Day Year C. FM
3. SI	EX Male While Nov. 23, 1909 6. AGE (In years list under 14 Arr.) IF UNDER 14 HRS. MIN. S. DAYS HOURS MIN.
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MARRIED
13a.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during mast af warking life, even if retired.) 12. USUAL RESIDENCE (Where deceased lived, if institutions: Residence before lissian) 13. COUNTY FOR TOWN 13. COUNTY FOR TOWN 13. COUNTY FOR TOWN 13. NO 13. STREET AND NUMBER 13. COUNTY FOR TOWN 13. NO 13. STREET AND NUMBER 13. COUNTY FOR TOWN 13. NO 13. STREET AND NUMBER 13. COUNTY FOR TOWN 13. NO 13. STREET AND NUMBER 13. COUNTY FOR TOWN 13. STREET AND NUMBER
14.	FATHER'S NAME First Middle Park 16. Mother's Maiden Name First Middle Last
	1. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 33 0 3. 4NICN, AVE 205-05-5326 HAZEL M. PAVLICK. HAVRE DEGRACE MA APPEOXIMATE INTERVAL
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF rise ta immediate cause (a), stoting the underlying cause (c) Canditions, if any, which gave rise ta immediate cause (a), stoting the underlying cause (c) Canditions, if any, which gave rise ta immediate cause (a), stoting the underlying cause (c) Canditions, if any, which gave rise ta immediate cause (a), stoting the underlying cause (c) Canditions, if any, which gave rise ta immediate cause (a), stoting the underlying cause (c) Canditions, if any, which gave rise ta immediate cause (a), stoting the underlying cause (c) Canditions, if any, which gave rise ta immediate cause (a), stoting the underlying cause
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? YES NO CAUSES OF DEATH?
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Consider the contribution Cause of Death HOUR A.M. Manth Day Year 16 17 18 19 19 19 19 19 19 19
M	21d. INJURY OCCURRED While Nat while at wark 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County State
	220. I certify that (I) (this hospital) attended the deceased from 2 1, 19 4, to 3 19 4, that (I) (we) last sow the deceased alive an 19 4, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the body after death.
1	22b. SIGNATURE Danton. Monoful, MD DEGREE ATTENDING MED. STAFF 22c. DATE SIGNED 22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS
-	NAME (TYPO) AUTE U. MONAKIC, M.D. 211 N. Ulmon Auc, Harre delivace Med
1	BURIAL CREMATION, 23b. DATE REMOVAL (Specify) WAR, Z, 1969 ADDRESS ADDRESS 23c. NAME OF CEMETERY OR CREMATORY LEWING COUNTY (County) CECIL CO. MO ADDRESS 25c. REGISTRAR 25b. REGISTRAR'S SIGNATURE
24.	FUNERAL DIRECTOR Whithelf, Havrede Grace Mdc- DATE 5 1969 25b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicfan and completely filled in by a directar, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pagshauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/68



02473

DIVISION OF VITAL RECORDS. 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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02468

		CEKIII	ICATE OF DEATH							
	CEASED-NAME First	Middle D	Dr.	. DATE OF DEATH	2b. HOUR					
	Clarence	MACK RIC	hard son It	-ebruary 24	+ 1964 15 A					
3. SE	MALE A. RACE	iite .	S. DATE OF BIRTH July 17, 1907	6. AGE (In Years last birthday) 61 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN					
7o. E	IRTHPLACE (Stote or foreign 7b. CITIZEN OF W	HAT COUNTRY? 8. MARRIE WIDOWE	D THEATY WAKKIED	HACFORD	M					
H	Avrede Grace He	AME OF HOSPITAL OR INSTITUTION (I	CAT HOS Oduring most of	CUPATION (Kind of work dane working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY COntractor					
	USUAL RESIDENCE (Where deceased lived, if institutions and STATE 13b. COUNTY)	ion: Residence before 13c. CITY	VECT NOT	13e. STREET AND NUMBER	ible Rd					
14. F	ATHER'S NAME First Middle	Lost	IS. MOTHER'S MAIDEN NAME First	Middle	Lost					
	James	Richardson	Dora		Farmer					
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ar unknawn) (If yes give war or dates of service)		. INFORMANT	Address I	Rd, Joppa, Md.					
_	no	213-20-2465	Clarence Mack F	dichardson, Jr.	1004 Trimble					
	Conditions, if any, which gove (b)	AS A CONSEQUENCE OF	Wremen Snephros cla	10515	BETWEEN ONSET AND DEATH					
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
CERTIFICATION		IICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING					
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21b. TIME O HOUR A.M. P.M.	F INJURY Manth Day Year 19	HOW INJURY OCCURRED (Enter notu	re of injury in Port 1 or Port 2,	Item 18.)					
ME	21d. INJURY OCCURRED While Not while at work at work	(AT HOME, FARM, STREET, FACTORY.) 21f.	LOCATION Street or R.F.D. Na.	City or Town	County State					
	22o. I certify that (I) (this hospital) attempts aw the deceased alive on cayses stated above, (I) (we) (did)	2 - 24 19 64,0	ind that in (my) (our) opinion		thot (I) (we) los ate and haur and fram th					
	22b. SIGNATURE San Col. M	nakil Mis	REE PHYS. MED.	STAFF C	DATE SIGNED					
	22d. PHYSICIAN'S NAME (Type)	MONAKIL	Mi 21 N. 21	mon Au.	Hannello					
23a.	BURIAL, (REMATION, REMAYAL (Specify) Feb. 26.19	23c. NAME OF CEMETERY (Bel Air	(County) (State)					
24.	FUNERAL DIRECTOR	ADDRESS	2So. PEC'D-BY REC	SETRAP OCO 25b. PESCHAR'S						
H	oward K. McComas & Son	, Abingdon, Md.	21009 DATE E Z	9 1909	0					

TO FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the runeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages remarked tiled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cextificate be executed within 24 haurs after Page 4 may be retained by the hospital ar attending physician. VR A15 (1) 30M REV. 1/08

Che 102 I make the case of the block of the case of th Table 1 Through the dark the little 1 Strang. COJSETSHOD and another moniversity of the second -2710207E n.W. west-and make the talk to the Care Consciency sard . Pedagar - Son, Astrodon, Ed. 21000

1		MAR DIVISION OF VITAL RECO		DEPARTMENT OF RESTON STREET, BAI		RYLAND 21201					
	02474			ATE OF DEATH			0246	0			
	PECEASED-NAME Type or print) JOSEP1	Middl H NMN		Last OTOLO	2a. DATE O	DEATH Month Day		2b. HOUR			
3. 5	Male	4. RACE White	SELECTION OF	S. DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN			
7o.	BIRTHPLACE (Stote or foreign untry Connecticut	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED WIDOWED	NEVER MARRIED X	9. COUNTY OF	rford		N			
	CITY OR TOWN OF DEATH Edgewood	give street oddress)	ALOR INSTITUTION (If r	during		(Kind of wark dane life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR City			
13o adn	. USUAL RESIDENCE (Where deceas	ed lived, if institution: Residence 13b. COUNTY Harfor			The second secon	reet and number 102 Bayber	ry Road				
14.	FATHER'S NAME First Pasqual	Middle Ruot		S. MOTHER'S MAIDEN NAME AT	First na	Middle	Lanz	last ieri			
	Yes, no, or unknown) (If yes give w	AED FORCES? var or dates of service) 16b. SOCIAL SI		INFORMANT leanor Stol l	a	Address Edgewood,	Marylan	d			
	PART I. DEATH WAS CAUSE	ATE CAUSE (a)	Le Core	nay Occ Bronches scoensers	lusie list	vi.		MATE INTERVAL INSET AND DEATH			
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
CERTIFICATION	19o. DATE OF OPERATION 19b.	20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CL CAUSES OF DEATH?									
MEDICAL CER											
ME	While Nat while at work of wark	PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	STREET, FACTORY, 21f. L	1	No. / Cit	y or Town	County	State			
	saw the deceased a	is haspital) attended the dilive on	Z19, or	d that in (my) (aur) a	pinian death		ate and haur	(I) (we) la and from th			
-	22b. SIGNATURE	18/m /	DEG	REE PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED	69			

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached for use as the burial-transit permit. The shauld be filed with the State Dept. of Health prior to burial, cremation, ar rem 30M REV. 17

physician and memplately filled in by the funeral then please remave carban papers. Pages Land and and and any event, within 72 haurs after death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

Page 4 may be retained by the haspital ar attending physician.

230. BURIAL, CREMATION, REMOVAL (Specify) BULY A I 24. FUNERAL DIRECTOR HOWARD K. McComas & Son

PHYSICIAN'S NAME (Type) Louis

E.

23b. DATE

Feb.

Kahan

M.D.

Bel Air Memorial ADDRESS Abingdon, Maryland

23c. NAME OF CEMETERY OR CREMATORY

Gardens | 250. REC'D BY REGISTRAR 2Sb. 1969

23d. LOCATION (City or Town)
Bel Air

22e. ADDRESS Edgewood, Maryland

(Stote) Md.

(County) Harford

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1 (1969) E				1(103	
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		X TO US.		
		HALL NAME OF STREET	Gerald S	

	It	ems 21e, f Film 410 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	3-	10-69 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	02472
HEALTH DEPT.	1. D	DECEASED-NAME First Middle Last 20 DATE KNOWN W Manth	Day Yeor 2b, HOUR
to af af	- (Type of Print) Claude G. Smill DEATH MATER 2-1	19 169 123
y delay is PM3. Page ortment of	3. S	lost birthdey) MONTHS DAYS HOURS MIN. Manth & Day / 9	7 Year / 01 9 3 7
PM PM	70.	BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 67 J M
fe for J	caur	ave de Greaghs. U. S. A. WIDOWED DIVORCED Harford	Md
Sto	10. 0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol light away if retired.) 12. USUAL OCCUPATION (Kind of work dane light away if retired.)	2b. KIND OF BUSINESS OR
the de	# 1	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Job. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	V. A. Trospital
- D	0	dmission) STATE Md 13b. COUNTY Har 50 ml Aber de en YES INO 124 MONTO	est.
A hours	14, 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	11 Lost
2 6 2 8	160	WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17, INFORMANT A ADDRESS	Harvey
		(es, no, or unknown) (If yes give war or dayles of service) 56654-4271 Mrs. Frances Lee Smith - alex	deen, ms.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in itef Medical E ansit permit. Fevent within		IMMEDIATE CAUSE (o) DE // 173 E 493 E -/1	
pen	100	Conditions, if any, which gave	
nauld be executed ward "pending" i the Chief Medical rial-transit permit.		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sha ne w ia th buric		[c]	
g the ed to and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certifica icate, writing be farwarded be used as ar remaval, a	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his arte,	RTIFIC	WAS PERFORMED?	YES NO
*=		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. P.M. 2-8 1969 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item AUSE OF DEATH	n 18.)
(AMINER: te the certified of the shauld rour files. age 3 shaul	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street 21f. LOCATION Street at R.F.D. No. City or Tawn	County State
EXAMINER: :ute the cert age 4 shauld : yaur files. :Page 3 shau I, crematian,	13	WHILE AT WORK ☐ AT WORK ☐ Foctory, office building etc.) AT WORK ☐ AT WORK ☐ Havre de Grace Harfe	ord Md.
ICAL Executary. Page ed far Scribburial,	W.	220. I certify that I taak charge af the remains described above, held on Autapsy , Inspection , Inquiry .	and in my opinion
olease e directar etained DIRECT		death resulted from: Notural couses, Accident, Suicide, Homicide, Undetermined manner	- nd.
TY. Dease		ACTUAL SIGNATURE Devald C Palmer ASSISTANT MEDICAL EXAMINER 22b. DATE SI	IGNED
TO DEPUTY SICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type) Gerald C. Palmer, M.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, tawn, ar county)	-19-67
TO D The S III	230		(County) (State)
	24	FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 256. REGISTRAR'S SI	Starford, We
VR A15ME (5)	1	Itelia & Bullock Have de pach par EB 2 4 1969 June	
////			- +

The transfer of the first of the second of t in the company of the contract ACCURATE A \$ 837

23c. NAME OF CEMETERY OR CREMATORY

Wesleyan Chapel Cemetery

director, should b VR A15 (4) 30M REV.

23a. BURIAL, CREMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR

Farring Funeral Home, Aberdeen, Md. 21001

23b. DATE

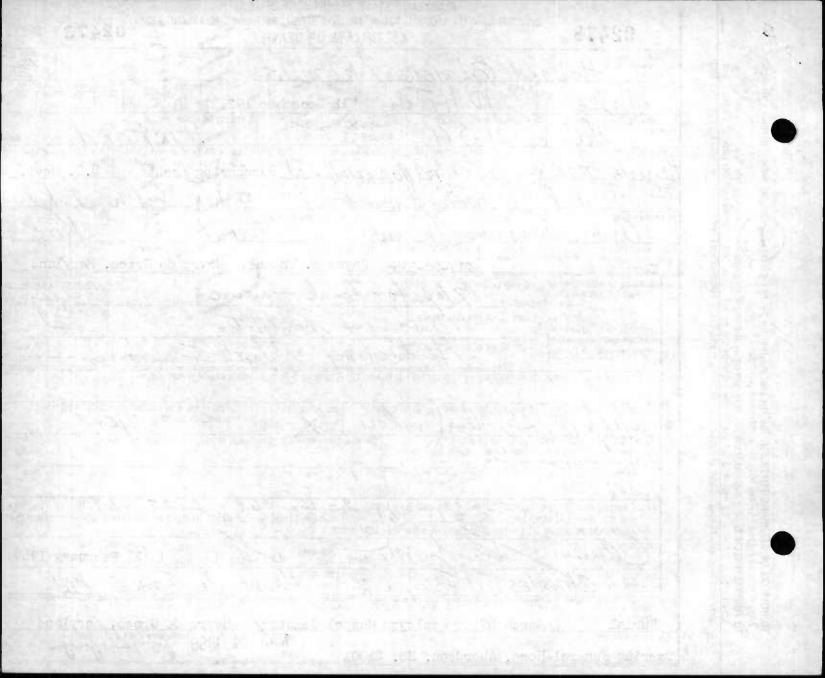
2 March

23d. LOCATION (City or Town)

Havre de Grace, Maryland

(State)

(Caunty)



1		00170	DIVISION OF	MARYLAN VITAL RECORDS,			ENT OF HEA EET, BALTIMO		YLAND 21201		
		02479			CERTIFIC	ATE OF I	DEATH			0011	~ .
		ECEASED-NAME Firs	t	Middle		Last	12	a. DATE OF	DEATH	024	2b. HOUR
	(1	ype or print)		Dolace	C	FT19		2	Manth 15	Oay 69 Year	11:30
1	3. SE.		A. RACE	Delece	2	5. DATE OF BIR	TH .	~	6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
		Pama 7 a	0			40/40	3/1882		lost birthday)	MONTHS DAYS	HOURS MIN.
	70. F	Female BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WH	aucasian AT (OUNTRY?	8. 4400150 5	NEVER MARK		OUNTY OF		2.	
	caun	ntry)			WIDOWED		(IED-				
1		laryland	USA 11. NA	ME OF HOSPITAL OR IN				Harf	(Kind of work done	e 12h KIND O	F BUSINESS OR
1			give st	reet oddress)			during most	of working l	life, even if retired.		
1	130	Havre de Grace USUAL RESIDENCE (Where dece	e Md Institution	Citizens	NULL CITY OF	fown I	3d. INSIDE CITY LIMITS	Tered	Nurse REET AND NUMBER	1116211	- M
2	admi	ssion) STATE	13b. COUNTY		4 9		YES NO	1			
4	LA E	Maryland:	Hart Middle	last		Air MOTHED'S MAI	IDEN NAME First	24	Pennsylve Middle	nia Ave	nue Lost
	14. 1				13	. MOTHER S MAI	TTOTAL	12	MM		rasi
	140	WAS DECEASED EVER IN U.S. AF		Thorn 16b. SOCIAL SECURITY	NO II7 II	NECOMA NIK A	Phes 838	ma.		Bradley	
			war ar dates of service)	217-30-37	35 00	Depost	N. TUCHE	EXON =	Address BEL ALL MA	ANIA AVEN	WE
	_			Al S		110000	M. INIME		DEI ALL MA		CIMATE INTERVAL
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per line	e for (a), (b), and (c	1.)	-	1. +				ONSET AND OEATH
			IATE CAUSE (a)	(ar	dea c	for	res/				
		4/20		A CONSEQUENCE OF	200	117				700	
		Conditions, if any, which gove rise to immediate cause (a),		1119) (9.				- Je	uno
		stoting the underlying cause		S A CONSEQUENCE OF	11	/		-	_	1/2	
89		last.	(c)	(Juli	al -	prei	im on	e a		a a	mao .
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUT	ING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL	DISEASE OR CONE	DITION GIVEN	I IN PART 1(o)		
	NOIL	19a. DATE OF OPERATION 1198	o. CONDITION FOR WHI	CH OPERATION WAS D	EREORMED	20g. AUTOP	0(43	20h 1E	YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
5	CERTIFICATION	TALL OF OTENATION	. cobiilon jok Will	CIT OF ENATION WAS I	EM JUNED	YES T	NO V		OF DEATH?	CONSIDERED III	EKIN TINO
	CERT	21o. ACCIDENT WAS UNDERLY	ING 21b. TIME OF	INILIRY	21c HC		~	ture of injur	y in Part 1 ar Part 2) Item 191	
		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	Manth Day Year	1. C.	ווווטאו טלננו	NUVER (EILIGE A)O	inie at milat	y meruni i di rum 2	., 116111 10.]	
	MEDICAL	(If either, notify medical exon 21d. INJURY OCCURRED 21	e. PLACE OF INJURY /	AT HOME FARM STREET CO	(TOPY) D16 10	CATION CA	D.C.D. N	<i>(</i> :*	T	Country	State
		While Not while	e. PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	211. LO	CAHUN Street	Of K.t.D. No.	City	ar Town	County	21016
		di wark di wark		21 101 1	(/	10/	9	4 pm	0/09:	. (1) () :
		22a. I certify that (I) (t	his haspital) atte	rided the deceas	ed from	that is I my	196	Z, to	ccurred on the	9 <u>6</u> 7, tho	t (I) (we) la:
		saw the deceosed causes stated above	ve (I) (we) (did) (did nett view the	body offer	i mor in (my leath	() (our) opinia	ii aeath a	ccurred on the	and hour	ana tram th
		22b. SIGMATURE	2	and on the trine	11	i valii.			22	c. DATE SIGNED	/
		Charle	to ft	ocey!	1 - DEGR	EE PHYS.	G MED.	TOR	STAFF PHYS.	2/16	169
		22d. PHYSICIAN'S	1	TAT	1 1	22e. ADDR)	ritis.	110	-
		NAME (Type)	RIES !	J. Hall	EV	P- /	TAURF	de	O-RAC.	E. Mc	Y .
	23c	BURIAL, CREMATION, 236	DATE	23c. NAME OF	CEMETERY OR	CREMATORY	7:	3d. LOCATIO	N (City ar Tawn)	(Caunty)	(State)
		250001101 10 17 1	Eb. 18, 1969		2's CAHI. C				EEN BAlto		(31416)
1	24.	FUNERAL DIRECTOR		dong ADDRES			2Sa. REC'D BY R		2Sb. REGISTRAF	1	
A	2	oseph william Fost	EL BEI TY	- would	y 31011		DATE FEB	18 18	969	THE PARTY	Total Control
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100 000 000 At many of a contract of the first terms of the Contract of th the heatproof with a state of the

CERTIFICATE OF DEATH

	PECEASED-NAME Type or print)	First Raymon	d	Middle Kelly	V	lost Vatkins		20. DATE OF		Day	Y9056 9	26. HOUR 0945AM	
3. S	EX		4. RACE			S. DATE OF BIRT	TH		6. AGE (In years	IF UND	ER I YEAR	IF UNDER 24 HRS.	
	Male		Ca	ıu		21 Fe	eb 69	97.7	lost birthday) YF	MONTHS	S. DAYS	HOURS MIN	
70.	BIRTHPLACE (Stote or intry) Maryla	foreign 7	b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED [NEVER MARRI		COUNTY OF	DEATH	9.1			
-			USA		WIDOWED [Ha rfc				Md	
	city or town of DEA perdeen Pr		II. NAM Ground ^{ive} US	E OF HOSPITAL OR IN:	stitution (If no my Hos)	ot in hospitol pita 1			(Kind of work dor ife, even if retired		. KIND OF BI DUSTRY	USINESS OR	
3o.	USUAL RESIDENCE (Winission) STATE Maryla	/here deceosed nd	lived, if institution 13b. COUNTY Harf	re Residence before		TOWN 13	d. INSIDE CITY LIMITS YES NO	7	EET AND NUMBER	Box	139		
4.	FATHER'S NAME	First	Middle	Lost		MOTHER'S MAIL			Middle			Lost	
	Mars	shall	K enne	th Watkir	ns		Linda	а.	Lee		Tay	lor	
160	. WAS DECEASED EVER			6b. SOCIAL SECURITY I	NO. 17. II	NFORMANT			Address	-			
	Yes, no or unknown)	(It yes give war	or dates of service)		Li	nda Wat	kins.	Whitef	ord, Mar	vland	3		
	IB. CAUSE OF DEA	TH (Enter only	one couse per line	for (o), (b), and (c),								TE INTERVAL	
	PART 1. DEATH	WAS CALISED I	RY.	ardiere	140	Tanas	(s.0				BEIWEEN UND	ET AND UEATH	
	741x	IMMEDIATE	CHOSE (0)	A CONSEQUENCE OF		0000	Parce	- Livery					
	Conditions, if ony,	which gove			11	0.							
	rise to immediate couse (a), (b) One of the couse (b), (ctation the underlying course (b) DUE TO, OR AS A CONSEQUENCE OF												
		lost. (c)											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)												
	2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT KEERTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
CERTIFICATION	190. DATE OF OPERAT	ERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FIND			VEC WEDE FINDING	NGS CONSIDERED IN CERTIFYING							
FIGA			The state of the s	or annion tradit	KI OKINED	YES X NO		CAUSES OF DEATH?		ERED IN CERTIFIING			
CERT	210. ACCIDENT WAS	UNDERLYING	21b. TIME OF IN	JIIIPY	I 21¢ HC		hd	atura of inium	in Port 1 or Port	2 Itam 16	2 \		
DICAL	21c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 19 19 19 19 19 19 19 1								111 7011 1 01 7011	ron 2, nem 16.)			
M	21d. INJURY OCCURRED While Not while of work o							Coun	ity	Stote			
	22a. I certify that (DK (this haspital) attended the deceased from 21 Feb 19 69, ta 21 Feb 19 69, that (I) (swx) last												
	saw the deceased alive an 21 Feb 19.69, and that in (my) (axis) apinian death accurred an the date and haur and from the causes stated abave, (I) (xxx) (did) (did) view the bady after death.												
	226. SIGNATURE												
	Na	wa	2 16	som	DEGR	PHYS.	DIRE	CTOR 🗆	STAFF PHYS.	21 Fe	b 69		
	22d. PHYSICIAN'S				,	22e. ADDRE			5 S S	148	(4.6-)		
	MAINT (1AbeDV	AVIDE	LESSIN,	CPT, MC		US KI	RK ARM	Y HOSP	, ABERDE	EN PF	SOAIM	G GR, MI	
23o.	BURIAL, CREMATION,			23c. NAME OF	CEMETERY OR	CREMATORY	2	23d. LOCATION	(City or Town)	(Cou	nty)	(State)	
	BUTTETY	Feb	.25,196						el Air,	Har	rord	Md.	
24.	John H.			ADDRESS	ta, Pa	2	So. REC'D BY R	REGISTRAR 198	25b. REGISTRA	R'S SIGNAT	URE	se.	
							MIL		T 41		11 0	6	

be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Page 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after deal TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificaté Page 4 may be retained by the haspital ar attending physician.

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			(XoU)	John H. Hereste